REGISTRATION BEGINS NOW.
Ready to make the world a better place?

*(You’ll want to fill out a few forms first.)*

It’s time to take the next step on your path to success—your undergraduate career at St. John’s University.

This is your official package preparing you for your fall semester. If you’re planning to live on campus, be sure to download our *Live at SJU to Residence Life* and submit the housing application, which is available on our New Student landing page at stjohns.edu/newstudent. Freshmen must also complete the housing questionnaire.

Find the statement below that best describes you. Follow the instructions. **ONLY fill out the forms that apply to you.** By state or institutional mandate, all new students are required to complete medical, immunization, physical exam, and meningitis awareness forms. Students who fail to submit these forms will not be able to matriculate at St. John’s.

“I am a new freshman.”

*Please read, complete, and return the following forms:*

- Final high school transcripts, including final grades, and date of graduation
- Academic honor pledge
- Medical records, physical examination, and immunization forms
- Meningitis form
- Registration for New Student Orientation via the web at stjohns.edu/orientation
- Deposited resident students: access Housing Portal to sign housing agreement, submit profile, and select roommates and room (Refer to *Live at SJU Guide to Residence Life* for instructions and deadlines.)

“I am a new transfer student.”

*Please read, complete, and return the following forms:*

- Final high school transcripts, including grades and date of graduation (for those who do not have an associate degree)
- Final college transcripts, including final grades
- Academic honor pledge
- Medical records, physical examination, and immunization forms
- Meningitis form
- Registration for New Student Orientation via the web at stjohns.edu/orientation
- Deposited resident students: access Housing Portal to sign housing agreement, submit profile, and select roommates and room (Refer to *Live at SJU Guide to Residence Life* for instructions and deadlines.)

Please fill out all forms that apply to you and return the forms. Also, please remember to register for Student Orientation by visiting us online at stjohns.edu/orientation. Orientation is mandatory.
To complete your enrollment, St. John’s needs confirmation of your high school graduation. Please complete this form and take it to your high school guidance or transcript office as soon as possible after graduation. Have your high school send St. John’s your final transcript showing your final grades and date of graduation by Friday, July 15, 2016.

Thank you. We look forward to seeing you at Orientation.

Name: _______________________________________________________________________________

St. John’s Student ID #: X ___________________________   Date of Birth: __________________

St. John’s University campus you will attend: □ Queens    □ Staten Island    □ Online Learning

Transcript Office: Please send an official copy of my high school transcript—including final grades and date of graduation—to the following address:

St. John’s University
Office of Admission Processing Center
P.O. Box 413
Randolph, MA  02368

Student’s Signature: ___________________________________________________________________

Date: _______________________________________________________________________________

Questions? Call the Office of Undergraduate Admission:

Queens Campus
718-990-1802
admission@stjohns.edu

Staten Island Campus
718-390-4500
siadmissions@stjohns.edu
To complete your enrollment, St. John’s needs final transcripts from each college you have attended. Please complete this form and take it to your college registrar’s office. Have them send St. John’s your **final transcript, showing your final grades,** by **Friday, July 15, 2016.**

Thank you. We look forward to seeing you at Orientation.

Name: ___________________________________________________________________________

St. John’s Student ID #: _______________________________  Date of Birth: ______________

St. John’s University campus you will attend:  ☐ Queens  ☐ Staten Island  ☐ Online Learning

**Registrar’s Office:** Please send an official copy of my college transcript—including final grades and date of graduation, if applicable—to the following address:

St. John’s University  
Office of Admission Processing Center  
P.O. Box 413  
Randolph, MA  02368

Student’s Signature: _______________________________________________________________

Date: ____________________________________________________________________________

Questions? Call the Office of Undergraduate Admission:

**Queens Campus**  
718-990-1802  
admission@stjohns.edu

**Staten Island Campus**  
718-390-4500  
siadmissions@stjohns.edu
St. John’s University is a diverse community of teachers and scholars committed to the principles of truth, love, respect, opportunity, excellence, and service. Members of the St. John’s University community strive to create an atmosphere that embodies the University’s Vincentian mission. Students and faculty commit themselves to the pursuit of wisdom and academic excellence, while fostering a responsibility for serving others. As members of this community, students are expected to maintain the principles of compassion and the values of honesty and academic integrity.

In accordance with this pledge, students acknowledge their commitment to the values and principles of the mission of St. John’s University.

1. I will not tolerate or participate in any form of academic fraud by cheating, lying, or stealing, nor will I accept the actions of those who choose to violate this code.

2. I will conduct myself both honorably and responsibly in all my academic and nonacademic activities as a St. John’s University student.

*Adopted by the University community and Student Government, Inc., April 2003.*

Name (please print): _______________________________________________________________

Student’s Signature: _______________________________________________________________

St. John’s Student ID #: X _______________________________ Date: _____________________

Please complete by Friday, July 15, 2016, and return to
St. John’s University
Office of Admission Processing Center
P.O. Box 413
Randolph, MA 02368
Please complete the medical forms online by following the instructions below, or complete and fax, mail, or return in person the subsequent forms.

Create your online portal account:

2. Click Register from the top menu.
   - **User Name**—create your own user name; if you have received your St. John’s e-mail we suggest using the same user name, e.g., john.smith20 (first.last##, where ## represents the two-digit year of your start at St. John’s)
   - **University ID**—enter your St. John’s University X number
   - Enter your First Name and Last Name as supplied on your admission materials; if you already have your StormCard, please enter your name as it appears there.
   - **Birth Date**—enter your birthday in the following format: MM/DD/YYYY
3. When complete, click Submit and you will receive an e-mail with your unique link to set up your password.

☐ I have completed my medical forms online.
Please print.

Name: ___________________________________________________  Date of Birth: ____________________________
Address:  __________________________________________________ Home Tel.: ______________________________
___________________________________________________________________________________________
Student ID #: X______________________________________________________________________________________
Emergency Contact Name: __________________________________  Tel: ____________________________________
Campus where you are enrolled: (check one)  □ Queens  □ Manhattan  □ Staten Island  □ Online Learning
Medical History (Include dates if possible)
   Allergy—Drugs: ____________________________  Allergy—Other: ____________________________
   Allergy—Foods: ____________________________  Kidney Disease: ____________________________
   Heart Disease: ____________________________  Chicken Pox: ____________________________
   Diabetes: ____________________________  Asthma: ____________________________
   Hypertension: ____________________________  Seizure Disorder: ____________________________
   Hypoglycemia: ____________________________  Other: ____________________________

Have you had any serious accidents?  □ Yes  □ No  Nature of injury: ____________________________

List of operations and dates: ________________________________________________________________

Do you take prescribed medications on a regular basis?  □ Yes  □ No
If yes, please list: __________________________________________________________________________

Do you have a physical, learning, or other disability of which the University should be aware in order to
help you achieve your educational goals?  □ Yes  □ No  If yes, please describe: ____________________________

___________________________________________________________________________________________

Would you like the Office of Disabilities Services to contact you?  □ Yes  □ No

Health insurance is MANDATORY for all resident and international students.

CONSENT FOR MEDICAL TREATMENT: The law requires that parental permission be obtained so that medical
treatment can be administered to students under the age of 18.

I hereby grant permission for medical evaluation, treatment, and/or hospitalization in case of illness or accident
for myself/son/daughter/guardian. I grant permission for hospital admission and for administration of anesthetics and
necessary operative procedures in an emergency. I give permission for the release of information concerning my/his/her
medical condition to other responsible University officials when necessary.

Name of Student: ____________________________________________  Student ID #: X____________________________________
Signature of Parent/Guardian: ____________________________  Date: ________________  Tel.: ____________________________

Please complete and fax, mail, or return in person to the Health Services Center at the Queens campus by Sunday, May 15, 2016.

Student Health Services  8000 Utopia Parkway
Queens Campus  Queens, NY 11439
DaSilva Hall  Tel. 718-990-6360
Fax 718-990-2368
stjohns.edu

(Please retain a copy for your files.)

Please complete and fax, mail, or return in person to the Health Services Center at the Queens campus by Sunday, May 15, 2016.
Please complete and fax, mail, or return in person to the Health Services Center at the Queens campus by Sunday, May 15, 2016.

Student Name: ______________________________ Date of Birth: ____________________________

Student ID#: X______________________________  Gender: □ Male  □ Female

Campus where you are enrolled (check one): □ Queens □ Manhattan □ Staten Island □ Online learning

Height: ______________  Weight: ____________  Blood Pressure: _________  Pulse: _________

Vision: _______ Right: _______  Left: _______  Corrected: Right: _______  Left: ___________

For Health Sciences Students only:

Color Vision Screening Normal _____________ Abnormal ______________

Urinalysis Result Normal ______________ Abnormal ______________ Date: __________

Blood Count HCT: ___________________________ HGB: __________________ Date: __________

Normal  Abnormal Normal  Abnormal

Head, neck, face, and scalp  ______   _______  Abdomen  ________   _________

Nose and sinuses  ______   _______  Extremities  ________   _________

Mouth, teeth, gingival  ______   _______  Reflexes  ________   _________

Ears  ______   _______  Musculoskeletal  ________   _________

Eyes  ______   _______  Lymphatic  ________   _________

Lungs, chest, and breasts  ______   _______  Neurologic  ________   _________

Heart  ______   _______  Genital/Urinary  ________   _________

In your judgment, is there any reason why physical activities would be contradicted? □ Yes □ No

If yes, explain _________________________________________________________________________

Family history (relevant health problems) __________________________________________________

TB SCREENING

Tuberculin Skin Test (within six months of exam): Date Planted ___/___/___  Date Read ___/___/___

Result: □ Positive  □ Negative __________mm induration

Pharm.D. Students Only  two-step testing necessary: Date Planted ___/___/___ Date Read ___/___/___

Result: □ Positive  □ Negative __________mm induration

or QTF TB Gold Test Date ___/___/___ Result: □ Positive  □ Negative  Attach QTF Lab Results

*If QTF or PPD Test Positive, Chest X-Ray Required: Date ___/___/___ Result: □ Positive □ Negative

VACCINE RECORD (if blood titers drawn, please attach lab results)

Tetanus-Diphtheria Booster (within 10 years): Date ___/___/___  Tdap Date ___/___/___

Varicella Vaccine: Dose 1 ___/___/___  Dose 2 ___/___/___ or  Disease Date ___/___/___

Hepatitis B Vaccine (recommended): Dose 1 ___/___/___  Dose 2 ___/___/___  Dose 3 ___/___/___

Meningococcal Vaccine (recommended after 16th birthday): Date ___/___/___

or Refused □ Attach Meningitis Response Form

MMR (required by NYS Law): Dose 1 ___/___/___  Dose 2 ___/___/___

Polio series completed: □ Yes □ No

Physician’s Name (Print): ____________________________________________  Exam Date: ___/___/___

Signature: ____________________________________________________________

License Number: ____________________________________________  Physician Stamp: _______________________

or attach Rx with signature
Please complete and fax, mail, or return in person to the Health Services Center at the Queens campus by Sunday, May 15, 2016.

Office Of Health Services 8000 Utopia Parkway
Queens Campus Queens, NY 11439
DaSilva Hall Tel. 718-990-6360

Name: __________________________________________ Date of Birth: ___________________________

Address: ___________________________________________________________________________________________

Student ID #: X _______________________________________________________________________________________

Campus where you are enrolled (check one): □ Queens □ Manhattan □ Staten Island □ Online Learning

The New York State Legislature passed Public Health Law 2165 in June 1989, requiring ALL students attending colleges and universities in New York State who were born on or after January 1, 1957, to be immunized against measles, mumps, and rubella. Documentation of immunization must be completed before classes begin. Students who fail to present adequate documentation will not be permitted to register.

Proof of immunization consists of one of the following:
1. A certificate of immunization signed by your physician or health care provider (see form below)
2. A student health record from a previously attended school that properly documents your immunization history
3. Serologic testing for MMR antibodies with laboratory copy of same proof of immunity.
4. Documentation that proves you have attended primary or secondary school in the United States AFTER 1980 as sufficient proof that you have received one dose of live measles virus vaccine.
5. A certificate of immunization that documents a dose of measles vaccine was administered within one year prior to attendance at the postsecondary institution (Documentation of mumps and rubella vaccines as stated above must also be provided.)

For physician to complete:
1. This student has received MMR immunization. (It is required by law that students receive TWO doses of measles vaccine and ONE dose of mumps and rubella vaccine. An immunization given before 1968 is acceptable only if the immunization record specifies that the vaccine was a live virus vaccine.) A dose of live virus measles, mumps, and rubella vaccine must be administered no more than four days prior to a child’s first birthday, and a second dose of live measles, mumps, and rubella vaccine must be administered no less than 28 days after the first dose.

   MMR (first dose date): ______________________  (second dose date): ________________________
   Measles (first dose date): ______________________  (second dose date): ________________________
   Mumps (first dose date): ______________________  (second dose date): ________________________
   Rubella (first dose date): ______________________  (second dose date): ________________________

2. Serologic evidence of immunity for MMR (please attach laboratory reports).

   Physician’s Signature: ______________________________________________________________________________
   Address: ___________________________________________________________________________________________
   License #: _____________________________________ Phone: ____________________________________________
   Physician’s Stamp: ___________________________________________________________________________________
St. John’s University is in compliance with New York State Public Health Law 2167, which requires ALL students attending colleges and universities in New York State to be given information relating to immunization against meningococcal meningitis. By law, you must respond to this notification within 30 days.

An airborne disease, meningococcal meningitis is transmitted through droplets of respiratory secretions and from direct contact with persons infected with the disease. College students spending many hours together in close physical contact and/or living in confined areas such as residence halls are at an increased risk of contracting the disease.

Meningococcal meningitis causes an inflammation of the membranes covering the brain and spinal cord. It can be treated with antibiotics but is sometimes not diagnosed early enough. Symptoms of the most common type of meningococcal meningitis are high fever, severe headache, stiff neck, nausea and vomiting, lethargy, and a rapidly progressing rash. The disease strikes about 3,000 Americans and claims about 300 lives each year. Between 100 and 125 meningitis cases occur on college campuses and as many as 15 students will die from the disease each year. Though it occurs most often in late winter or early spring, it can occur in any season.

A vaccine is available to protect against four types of the bacteria causing meningitis in the United States: types A, C, Y, and W-135. These types account for nearly two-thirds of meningitis cases among college students. The vaccine does not protect against all strains of the disease and does not provide lifelong immunity. To help you make an informed decision about being immunized, talk with your health care provider to consider the benefits and risks of meningococcal meningitis immunization.

Though Student Health Services does not provide the vaccine on campus, we can refer students to local health-care providers if requested. The cost of the vaccine varies, but in our area the approximate cost is about $100–$200. Be advised that insurance may not pay for the cost of the vaccine.

For your information, we enclose a fact sheet about meningitis provided by the New York State Department of Health. After reading the fact sheet and consulting with your health-care provider, please complete the form provided and return it to this office. You may also fax the form to Student Health Services.

Thank you for taking the time to consider this important information about meningococcal meningitis and the available vaccine.
Meningococcal Disease
Information Sheet
Information for college students and parents of children at residential schools and overnight camps

What is meningococcal disease?
Meningococcal disease is a severe bacterial infection of the bloodstream or meninges (a thin lining covering the brain and spinal cord).

Who gets meningococcal disease?
Anyone can get meningococcal disease, but it is more common in infants and children. For some college students, such as freshmen living in dormitories, there is an increased risk of meningococcal disease. Between 100 and 125 cases of meningococcal disease occur on college campuses every year in the United States; between five and 15 college students die each year as result of infection.

Currently, no data is available regarding whether children at overnight camps or residential schools are at the same increased risk for disease. However, these children can be in settings similar to college freshmen living in dormitories. Other persons at increased risk include household contacts of a person known to have had this disease, immunocompromised people, and people traveling to parts of the world where meningitis is prevalent.

How is the meningococcus germ spread?
The meningococcus germ is spread by direct close contact with nose or throat discharges of an infected person. Many people carry this particular germ in their nose and throat without any signs of illness, while others may develop serious symptoms.

What are the symptoms?
High fever, headache, vomiting, stiff neck, and a rash are symptoms of meningococcal disease. Among people who develop meningococcal disease, 10 to 15 percent die in spite of treatment with antibiotics. Of those who live, permanent brain damage, hearing loss, kidney failure, loss of arms or legs, or chronic nervous system problems can occur.

How soon do the symptoms appear?
The symptoms may appear two to 10 days after exposure, but usually within five days.

What is the treatment for meningococcal disease?
Antibiotics, such as penicillin G or ceftriaxone, can be used to treat people with meningococcal disease.

Is there a vaccine to prevent meningococcal meningitis?
Yes, a safe and effective vaccine is available. The vaccine is 85 to 100 percent effective in preventing four kinds of bacteria (serogroups A, C, Y, W-135) that cause about 70 percent of the disease in the United States.

Is the vaccine safe? Are there adverse side effects to the vaccine?
The vaccine is safe, with mild and infrequent side effects, such as redness and pain at the injection site lasting up to two days.

What is the duration of protection from the vaccine?
After vaccination, immunity develops within seven to 10 days and remains effective for approximately three to five years. As with any vaccine, vaccination against meningitis may not protect 100 percent of all susceptible individuals.

How do I get more information about meningococcal disease and vaccination?
Contact your family physician or your student health service. Additional information is also available on the websites of the New York State Department of Health, (health.state.ny.us), the Centers for Disease Control and Prevention, (cdc.gov/ncid/dbmd/diseaseinfo); and the American College Health Association, (acha.org).

Bureau of Communicable Disease Control, New York State Department of Health 7/2003
Meningitis Form

(Please retain a copy for your files.)

Please complete and fax, mail, or return in person to the Health Services Center at the Queens campus by Sunday, May 15, 2016.

Student Health Services
Queens Campus
DaSilva Hall
8000 Utopia Parkway
Queens, NY 11439
Tel. 718-990-6360
Fax 718-990-2368
stjohns.edu

Name: ________________________________________  Date of Birth: _________________________
Address: ______________________________________________________________________________
Student ID #: X_________________________________________________________________________

Campus where you are enrolled (check one):

☑ Queens  ☐ Manhattan  ☐ Staten Island  ☐ Online Learning

St. John’s University is in compliance with New York State Public Health Law 2167, requiring all college and university students and parents or guardians (if student is under age 18) to complete and return this form to Student Health Services at the address above.

All students (and parents or guardians if student is under age 18) must complete and sign below. Please note: it is necessary to complete this form even if documentation of this vaccine is already on file.

CHECK ONE BOX AND SIGN BELOW:

☐ Had the meningococcal meningitis vaccine at age 16 years or older. Date: _________________

Health-care provider’s signature: _______________________________________________________
Address: _____________________________________________________________________________
License #: ________________________________  Tel: __________________________________
Stamp: _______________________________________________________________________________

I have (for students under age 18: “My child has”):

☐ Read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that I (my child) will not obtain immunization against meningococcal meningitis disease.

Signed: _____________________________________  Date: ________________________________    (Parent/guardian if student is under age 18)
Welcome to St. John’s University!

To prepare you for your first exciting semester, St. John’s University holds a special—and mandatory—orientation program. The spirit of our orientation programs reflect St. John’s concern for the holistic development of every student. St. John’s offers an education to prepare you for personal and professional success in a global society, rooted in our 146-year heritage as a Catholic, Vincentian, global, and metropolitan University. At Orientation, you learn about the benefits of the St. John’s experience and the many student services available—academic support, career preparation, high-tech resources, extracurricular activities—and have an opportunity to meet new friends and form lifelong relationships.

Once you have registered for an on-campus orientation session, you will be sent a link to complete the online orientation program. Both programs are MANDATORY, so please be sure to complete the online program before you arrive to campus for your orientation session.

The following pages contain important information for you and your parents, including how to confirm your mandatory attendance for New Student Orientation. Your parents/guardians can attend as well, but due to the nature of the program, no other guests are permitted.

Immediately after reading the following pages, please visit stjohns.edu/orientation to confirm your attendance at Orientation. For more information, please contact us:

Queens Campus  718-990-5353
Staten Island Campus  718-390-4131

We look forward to your arrival!

Kathryn T. Hutchinson, Ph.D.
Vice President for Student Affairs
What is Orientation and why is it important to attend?

Fall Orientation brings the University community together to welcome new students. Orientation is REQUIRED for all new students, whether they are freshmen, transfer, international, resident, or commuter students. During Orientation, students have the opportunity to become better acquainted with the academic environment, support services, and important locations on campus while learning about the St. John’s experience from current students.

Orientation Dates

**QUEENS CAMPUS**

**FRESHMAN ORIENTATION**
- Monday–Tuesday, June 27–28
- Wednesday–Thursday, July 6–7
- Wednesday–Thursday, July 13–14
- Wednesday–Thursday, July 20–21
- Wednesday–Thursday, July 27–28
- Wednesday–Thursday, August 3–4
- Wednesday–Thursday, August 10–11

**TRANSFER ORIENTATION**
- Tuesday, July 12
- Thursday, August 25

**STATEN ISLAND CAMPUS**

**FRESHMAN ORIENTATION**
- Sunday, August 28
- Monday, August 29

**TRANSFER ORIENTATION**
- Sunday, August 28
- Monday, August 29

Freshman Orientation and Transfer Orientation 2016

The Orientation program provides the best way for new students to become acclimated to our academic environment. This is your opportunity to learn about the many resources that will smooth your transition to St. John’s. Student Orientation leaders will be available to share insights on their experiences, so ask them all the questions you may have. Please do not plan to leave campus until the program is over. More information about your specific program can be found on the registration page at stjohns.edu/orientation.

Special Accommodations

If you need special accommodations (e.g., dietary restrictions, wheelchair access, sign interpreter, etc.), please send us an e-mail at orientation@stjohns.edu with your name, X-number, date of attendance, and specifics of your request.
Queens and Staten Island campuses

Please confirm your Orientation attendance online at stjohns.edu/orientation. Be sure to register under the proper campus designation.

What You Need to Know

Meals, Expenses, and Dress Code

We provide meals for all students at Orientation. If you have dietary restrictions, please indicate this when confirming your attendance. You also may want to bring spending money for souvenirs, books, or other items from our bookstore, or for snacks from the vending machines and dining facilities. Since we will be moving around the campus, the more comfortable you are, the better you will feel. Please be prepared for inclement weather.
Your StormCard
Your St. John’s University StormCard is your primary means of identification on campus. It must be carried at all times and presented to University personnel as requested.

However, your StormCard is much more than an ID card. It also serves as a handy debit card you can use for purchases from our dining facilities, the University Bookstore, photocopiers, and computer lab printers. The StormCard also gives authorized students access to the residence halls, computer labs, classrooms, and parking facilities. You will need your StormCard to visit friends who live on campus.

How Do I Get My StormCard?
Students are photographed for their StormCard during Orientation and receive them before the end of the day during registration. If you can make it to campus prior to your Orientation date, please visit the Office of Public Safety located outside of Gate #6 on the corner of Goethals Ave. and 168th Street for your StormCard.

If you have any questions or concerns, you may contact the StormCard Office at 718-990-6257 (Queens or Manhattan campuses) or 718-390-4487 (Staten Island campus).
We look forward to seeing you at Orientation!

stjohns.edu/orientation
Main Office of Undergraduate Admission
8000 Utopia Parkway
Queens, NY 11439
1-718-990-1802
admission@stjohns.edu

300 Howard Avenue
Staten Island, NY 10301
718-390-4500
siadmissions@stjohns.edu

101 Astor Place
New York, NY 10003
admission@stjohns.edu

Office of Student Orientation
8000 Utopia Parkway
Queens, NY 11439
718-990-5353

300 Howard Avenue
Staten Island, NY 10301
718-390-4131

101 Astor Place
New York, NY 10003
1-888-9STJOHNS